

Dear Parent or Guardian,

Our school, FIELD(School Name) in cooperation with the Nebraska Department of Health & Human Services, Dental Health Division, is offering a Dental Sealant Program for all students. While this program will not take the place of regular dental check-ups, daily brushing and flossing, and the use of fluoride, it is an effective means of preventing cavities.

Dental sealants are white plastic coatings that are applied to the chewing surfaces of permanent teeth. The sealant material acts like an umbrella to keep the tiny crevices of these teeth free from germs and food particles. Sealants are a very effective way to prevent cavities from occurring in the teeth that are most likely to decay.

Participation in the Dental Sealant Program is voluntary and there is **no charge**. This program will be under the supervision of a dentist. Your child will receive a dental screening (without x-rays) to determine if there is a need for dental sealants.

If indicated, dental sealants will be applied to the permanent teeth. Please be aware that not all children are in need of dental sealants.

If you would like more information call FIELD(School Nurse) or FIELD(Coordinator Name) at FIELD(Coordinator Phone Number).



**PLEASE COMPLETE AND RETURN THIS FORM BY: June 20, 1997**

\_\_\_\_\_ YES, I want my child to be screened for dental sealant need and, if indicated, receive dental sealants.

\_\_\_\_\_ NO, I do not want my child to participate in the Dental Sealant Program.

**SIGNATURE:**

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE PRINT:**

Name of Child \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_